



Delivering Excellence Every Day

Animal Services Department
3599 NW 79 Avenue
Doral, FL 33122
www.miamidade.gov/animals

FOR OFFICE USE ONLY
Person ID: _____
Sent Welcome Email: _____
Enter in sheet: _____

FOSTER FAMILY APPLICATION

Personal Information: please fill in every box below.

Table with 3 columns and 4 rows: Last Name, First Name /Middle initial, Driver's License Number, Home Phone, Cell Phone, E-mail, Street Address, City, Zip, County, Date of Birth, Today's Date

Please list any other people living in your household:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Experience

1. Please list all pets you have owned in the last year. If you no longer have the pet, please discuss why.

2. Where do your pets spend their time (day and night)? _____

3. When did your pet(s) last visit their veterinarian? _____

4. Who is your pet(s)'s veterinarian? _____ Phone Number: _____

Are your dogs vaccinated against: (please check any that apply, within the last year)

Distemper _____ Parvo _____ Bordatella _____ Rabies _____

5. May we contact your veterinarian with any questions about your pet(s)'s health? Yes No

Have you given oral medications to pets in the past? _____

6. Have you bottle fed orphaned puppies in the past? Yes No

7. Are any of your current pets aggressive? Yes No

8. Any other information we should know about your ability to be a good foster parent: _____

Requirements for Foster Families

1. I understand that pets I foster may be incubating infectious diseases unbeknownst to the veterinary staff.
2. I agree to notify the Foster Care Coordinator or Clinic Supervisor in the event of any change or development in the health or behavioral status of my foster pet or bring them directly to the shelter.
3. I understand that I am financially responsible for the daily care of my foster pet, including food and supplies (if MDAS does not have any to supply foster parent with).
4. In the event of a veterinary emergency with my foster, I agree to immediately notify the Foster Care Coordinator or Clinic Supervisor, who will make a determination on the course of treatment. I understand that MDAS cannot provide reimbursement should I elect to seek private veterinary care.
5. I agree to bring my foster pet to MDAS for all required follow-up appointments. Typically, this will be every **three** weeks.
6. I accept that my foster pet is property of MDAS and all decisions about its disposition, including adoption, medical treatments, or euthanasia if necessary, will be made only by MDAS staff.
7. I understand that it is against MDAS policy to open a fundraiser account on behalf of the animal in foster care.
8. I have been advised that my foster pet should be kept isolated from my personal pets to avoid cross infection.
9. I understand that MDAS will not provide medical care or treatment to my personal pets should they contract any disease(s) from my foster pet.
10. I agree to bring my foster pet to the pre-assigned adoption event or back to the shelter for transport when required. MDAS reserves the right to change the outcome of this pet, however, while this pet is in your care you are not to look for a home for this pet.
11. I understand that if I currently have four pets in my home, I can only foster pets under the age of 6 as the county code states.
12. I understand that I will not be allowed to foster a pet if any of the pets in my household are not up to date on the following vaccines: Rabies and Tag, DHPP and Bordetella.
13. I agree to notify the Foster Care Coordinator immediately if the pet is to get lost while in my care.
14. I understand that I am not allowed to contact the transport partner in which my foster pet is scheduled to go. I will contact MDAS if I would like to know where my pet is going. MDAS reserves the right to not disclose this information at any time.
15. I understand that if I am in violation of Chapter 5 of Miami-Dade County Code I would automatically be ineligible for the foster program.

I am interested in fostering (check all that apply)

Dogs

- puppies that need to be bottle fed
 nursing mother dogs with their puppies
 medical treatment needed
 adult dogs awaiting transport/events

Cats

- kittens that need to be bottle fed
 nursing mother cats with their kittens
 kittens that are eating on their own
 adult cats awaiting transport/events

Size of dogs I can foster: Puppies Small Medium Large
 Petco (10 days): Dog Cat Ambassador Program: Dog Cat

Signature: _____ Date: _____

I acknowledge receipt of this information and understand my **responsibilities**, including bringing animals back for follow up medical care.

Foster Parent Signature: _____ Date: _____